

8/14/89

LH

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION 6	SITE NUMBER (to be assigned by HQ) TX11088
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.			
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION			
A. SITE NAME BHT - Site 6 at Plant 5		B. STREET (or other identifier) Highway 360 at Avenue K	
C. CITY Grand Prairie		D. STATE TX	E. ZIP CODE 75050
G. OWNER/OPERATOR (if known) 1. NAME Bell Helicopter Textron, Inc. (Owner: Textron, Inc.)		F. COUNTY NAME Dallas 2. TELEPHONE NUMBER (817) 280-3617	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Site 6 is a graded and grass-covered area which, prior to 1975, was the location of two unlined settling lagoons.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Self-notification under CERCLA			K. DATE IDENTIFIED (mo., day, & yr.) 1/25/82
L. PRINCIPAL STATE CONTACT 1. NAME Daniel L. Scheppers		2. TELEPHONE NUMBER (512) 475-1344	
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)			
SUPERFUND FILE OCT 21 1992 REORGANIZED			
III. SITE INFORMATION			
C. PREPARER INFORMATION 1. NAME Bob Davis, Engineering-Science, Inc.		2. TELEPHONE NUMBER (512) 477-9901	
3. DATE (mo., day, & yr.) 11/21/83			
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if "in-quantity"). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify: _____) (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)			
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3728			
C. AREA OF SITE (in acres) 0.3		D. IF APPARENT SERIOUSNESS OF THE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 32°46'25" 2. LONGITUDE (deg.-min.-sec.) 97°03'30"	
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): _____			

T2070-2 (10-79)

Can. use On Revers



9532632

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./ PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Surface impoundments formerly utilized as sedimentation basins were part of the industrial waste treatment process. The lagoons were used from 1966 through 1975. In 1975 and 1976, the lagoons were completely dredged out, filled with clean fill dirt, and provided with vegetative cover.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount(specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT None at present	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HYDROGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Hexavalent chromium

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

See Attachment A

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			Some subsurface migration of contaminants may have occurred prior to removal of wastes.
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify: WQ01965 - TDWR No Discharge Permit)
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☒ 7. RCRA STORER ☒ 8. RCRA TREATER ☐ 9. RCRA DISPOSER EPA ID No. TXD000764498
☒ 10. OTHER (specify: TDWR Solid Waste Registration No. 32248)

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Prehearing Inspection	9/16/74	TDWR District 4	Sludges in "west" lagoon being removed by contractor
Annual Compliance Insp.	1/14/76	TDWR District 4	No noncompliances reported
Annual Compliance Insp.	9/30/77	TDWR District 4	No noncompliances reported

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Excavation/contract disposal	1975-76	Owner	Electroplating sludge wastes in lagoons was removed by private contractor to permitted facility.

NOTE: Based on the information in Sections III, IV, V, VI, & X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

ATTACHMENT A

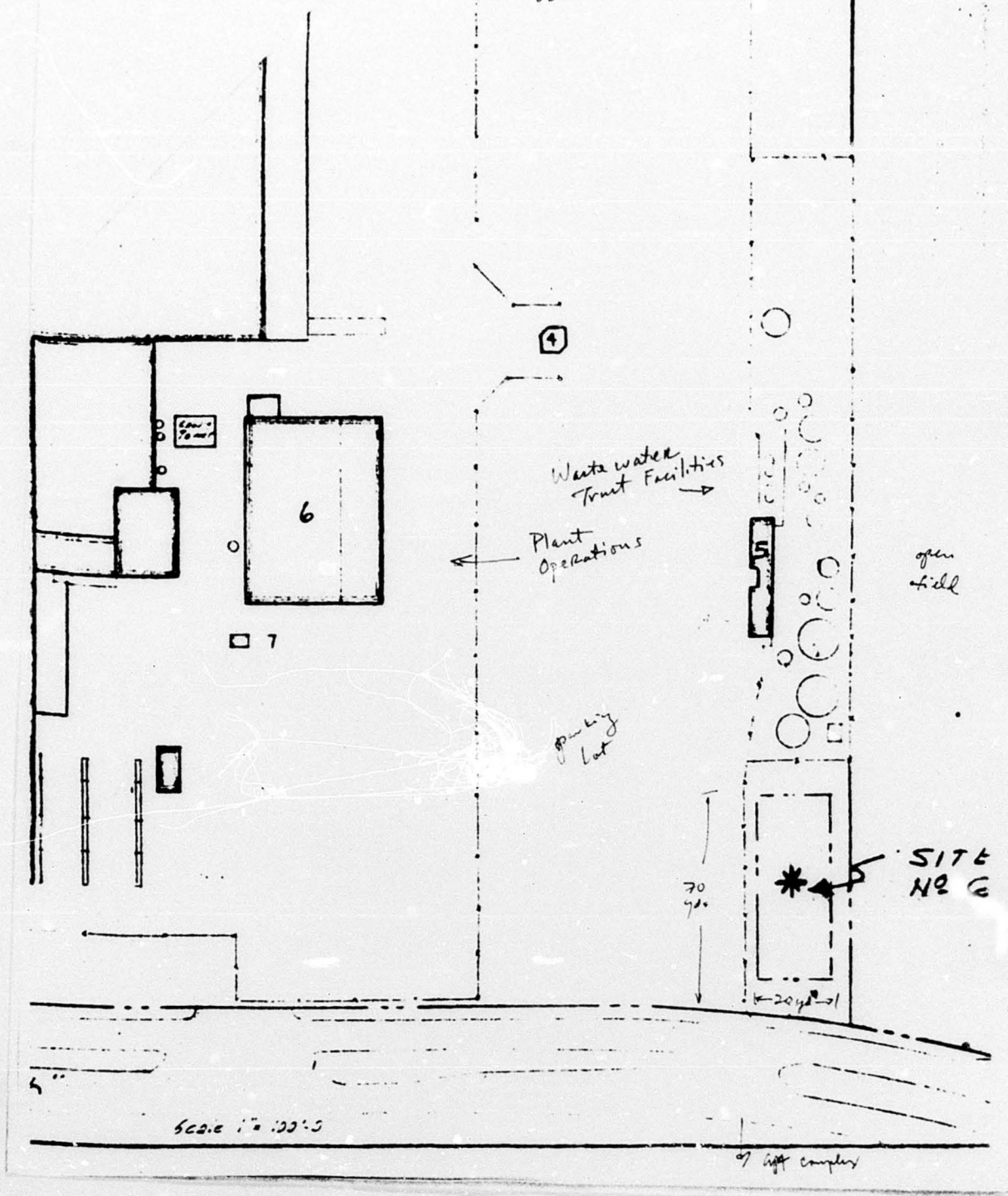
POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding number on form	Additional Remark and/or Explanation
III-C	Area of Site: Approximately 60'x200' = 12,000 ft ² = 2.8 acres.
V-C	<p data-bbox="602 512 1464 611">Waste information: The CERCLA self-notification form indicated that from 1966 to 1975, electroplating wastewater treatment sludge was disposed in the two parallel surface impoundments. Each impoundment had approximate dimensions of 200'x25'x6'.</p> <p data-bbox="602 635 1441 763">The file records indicate that the TDWR water quality permit of 1975 required that the lagoons be dredged out and replaced with clean fill. This was done in the first quarter of 1976, with the waste and contaminated soil transported to an approved landfill (Walnut Hill site in Dallas).</p> <p data-bbox="602 788 1441 839">Permeability data from soil borings taken in the area indicate subsoils of very low hydraulic conductivity (10^{-7} to 10^{-10} cm/sec).</p> <p data-bbox="602 864 1418 934">A visit to the site revealed that the area has received fill dirt to grade level and a vegetative cover, and that a fence no longer encloses the area.</p>

Attachment B - 11900

Sketch



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Photographer / Witness

Bob Davis 11088

Date / Time / Direction

November 1983

Comments: Area once occupied by parallel settling lagoons. Note ww treatment facilities in bkgd and outfall to sewer in foreground. Main plant is on left.



Photographer / Witness

Bob Davis 11088

Date / Time / Direction

November 1983

Comments: Area once occupied by parallel settling lagoons. Note ww treatment facilities in bkgd and drive entrance in foreground.

Photographer / Witness

Date / Time / Direction

Comments: